

BEST AVAILABLE COPY

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-------------|--------|----------|
| FEE DETERMINATION | E.H. | 32 | 09/25-01 |
| O.I.P.E. CLASSIFIER | [Signature] | 10020 | 9/13 |
| FORMALITY REVIEW | | | 10/24/01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
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| Final | |
| Original | |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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829
10/04